# UNITED STATES BANKRUPTCY COURT [ ] ([) EASTERN DICTRICT OF MICHIGAN AUG 28 P 4: 02 SOUTH DIVISION U.S. WARREN AND SOURT

In re:

CITY OF DETROIT, MICHIGAN AND EMERGENCY MANAGER KEVYN D. ORR

Debtor

Chapter 9

Case No: 13-53846

Hon: Steven W. Rhodes

#### MOTION

Now comes, <u>Tijuana Morris</u> and Pursuant Federal Court Rules of Civil Procedure 7(b) (1) and the 1<sup>st</sup> Amendment of the Constitution of the United States. I Object to the Plan of Adjustment for the following reasons and requesting the right to testify, (10 minutes), and provide a witness in support of my issues:

- 1) I am a Retired Detroit Police Officer, (Pensioner), who filed objections without an attorney. I am requesting the opportunity to be heard and present evidence as well as witnesses at the confirmation hearing.
- 2) When I signed up to become a Detroit Police Officer, I signed a contract.
- 3) My Disability Settlement Agreement with the Detroit Police Department is violated.
- 4) My medical insurance is unaffordable. My medication cost over \$3,000.00 per month. It is more than my pension check. I do not qualify in the assistance category. I've had two major surgeries on my spine. I cannot afford to be examined for anything, because I must pay my deductable, \$5,000.00 before I can get any percentage off of my prescriptions.
- 5) I was informed by Social Security, that I was not 65, and that I did not pay into the Social Security in the last 10 years, and that I was not illegible to receive

medical benefits. DHS stated that my income was too high so by law they could not assist me.

- 6) There is no healthcare protection for the middle class Police and Fire Retirees.
- 7) Mismanagement of the Detroit Police Department and Federal Monitor failing to engage in making sure departmental procedures are being followed.
- 8) My Auto Insurance Company, State Farm, placed me under insurance fraud investigation, stating that I sustained my injuries from work related injuries. Their Expert Witness testified to my injuries and the progression process over a period of time, but this does not excuse State Farm from their negligence. I was the victim, (Pedestrian). The Judge stated that there was no fraud and ordered State Farm to remove fraud from my record. I'm appealing the case in the Court of Appeals.
- 9) I exhausted my annuity account while recovering from the accident. State Farm stop paying for bills after my attorney contacted them. I was penalized for withdrawing my annuity and again when I filed my income tax.
- 10) State Attorney General Bill Schuette stated that charging the Pensioners was illegal. He stated in the HOFFPOST that he will file an appearance in federal bankruptcy court.

Governor Rick Snyder/ Lansing, owes the City of Detroit \$732 million dollars dating back 2003 to 2013. If you add 21 percent interest rate and 6.75 percent claw-back rate that's a lot of money. The State should pay for the cost of Kevyn Orr and Jones Day Group.

This situation that I am in has affected me very badly. The majority of my life, I have assisted those who need my help and now I need HELP!!!

#### **BRIEF IN SUPPORT**

- 1) DPD Retirement Picture
- 2) Same as above
- 3) Disability documents
- 4) These documents are recorded in the plan of adjustments and bill from hospital
- 5) Social Security and DHS Denial letters, World Relief Denial letter
- 6) Same as above
- 7) Federal Monitor complaint to US Federal Judge Julian Cook DPD complaint to Federal Monitor, DPD complaint
- 8) Appeal Court information and Court Transcript Judge's ruling (upon request if needed)
- 9) Pension Annuity statements
- **10)** <u>Jonathan Oosting | joosting@mlive.com</u> Follow on Twitter

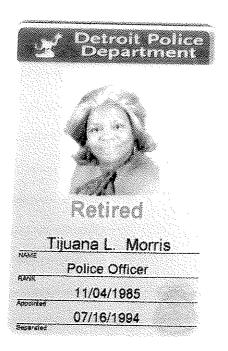
Witness Bob Sisler in support of me

Truthfully Yours

Guana Mollson Tifuana Morris

# **EXHIBIT**

- 1) DPD Retirement Picture
  - 2) Same as above



# THIS IS NOT A CCW PERMIT AS DEFINED BY PUBLIC ACT 218

The bearer of this card, whose photograph appears hereon, met the requirements for retirement from the Detroit Police Department. If this card is lost, the finder is requested to mail it to the:

Detroit Police Chief of Police 1300 Beaubien Detroit, MI 48226

Telephone 313-596-2540

3/30/1955

230371

# **EXHIBIT**

3) Disability documents



Janet Sharon Lenear, Recording Secretary
Police & Fire Retirement System of the City of Detroit
908 Coleman A. Young Municipal Center
Detroit, Michigan 48226

Phone: 313-224-3362, Extension "255"
Fax Numbers: 313-224-9194, or 313-224-3522
E-MAIL: JSLENEAR@RSCD.ORG

DATE:

MARCH 11, 2014

TO:

MS. MORRIS

FROM:

MISS LENEAR

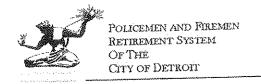
A COPY OF THE BELOW-REFERENCED DOCUMENTS (WHICH ARE ENCLOSED HEREWITH) HAVE BEEN FORWARDED TO MS. GEMMA FOSTER OF RISK MANAGEMENT:

- 1) APRIL 16, 1998 BOARD RESOLUTION
- 2) YOUR MAY 23, 1994 DUTY DISABILITY RETIREMENT APPLICATION

SAID DOCUMENTS WERE SUBMITTED TO RISK MANAGEMENT (WORKERS' COMPENSATION) ON APRIL 17, 1998.

THE BOARD'S APRIL 17, 1998 LETTER TO YOU (A COPY OF WHICH IS ALSO ENCLOSED) WAS NOT SUBMITTED TO MS. FOSTER, AS SAME IS FOR YOUR RECORDS ONLY.

**ENCLOSURES:** 



JULY 28, 2003

RE: TIJUANNA MORRIS - 386602534

TO WHOM THIS MAY CONCERN:

TIJUANNA MORRIS WAS APPROVED A DUTY DISABILITY RETIREMENT ON APRIL 16, 1998 EFFECTIVE JULY 16, 1994, BY THE BOARD OF TRUSTEES OF THE POLICEMEN AND FIREMEN RETIREMENT SYSTEM OF THE CITY OF DETROIT. SHE WAS FOUND, BY THE BOARD OF TRUSTEES, TO BE TOTALLY DISABLED TO PERFORM HIS DUTIES OF EMPLOYMENT AND THAT SUCH DISABILITY WAS DUTY-CONNECTED. THE AMOUNT OF THE DUTY DISABILITY PENSION BENEFIT IS COMPUTED CONSISTENT WITH THE PROVISIONS OF THE RETIREMENT SYSTEM WHICH HAVE THEIR ORGINS IN THE CHARTER, THE MUNICIPAL CODE AND COLLECTIVE BARGINING PROVISIONS.

EMPLOYEES DISABLED DUE TO THEIR EMPLOYMENT ARE ELIGIBLE FOR WORKERS' COMPENSATION BENEFITS PURSANT TO STATE LAW. HOWEVER, MICHIGAN LAW AND PENSION PROVISIONS DO NOT ALLOW A DISABLED POLICE OFFICER OR FIRE FIGHTER TO RECEIVE BOTH A CHARTER-AUTHORIZED DISABILITY PENSION AND WORKERS' COMPENSATION BENEFIT. GENERALLY, AN ELECTION MUST BE MADE BY THE DISABLED EMPLOYEE AS TO WHICH BENEFIT WILL BE PAID. THE DISABILITY BENEFIT IN THE DEFINED BENEFIT PLAN OF THE RETIREMENT SYSTEM IS IN THE NATURE OF AND IN LIEU OF WORKERS' COMPENSATION.

THE POLICEMEN AND FIREMEN PENSION PROVISIONS REQUIRE THAT UPON REACHING THE DATE THAT A DISABILITY RETIREE WOULD HAVE BEEN ELIGIBLE TO RETIRE ON A SERVICE PENSION, SUCH DISABILITY RETIREE IS CONSIDERED TO BE ON A REDUCED DUTY DISABILITY RETIREMENT. BECAUSE OF THIS RETIREE'S YEARS OF SERVICE, HE IS THEREFORE, CONSIDERED TO BE A REDUCED DUTY DISABILITY RETIREE AND SHOULD CONSULT A TAX ADVISOR REGARDING THE TAX TREATMENT OF THESE RETIREMENT BENEFITS.

VERY TRULY YOURS,

NICHOLAS H. DEGEL EXECUTIVE SECRETARY

Hupsh Deve





908 Cm - County Building Duroit, Michican 48226 Phone 313\*224\*3362 Fax 313\*224\*3522

April 17, 1998

Tijuanna Morris 15334 Burt Road Detroit, Michigan 48223

Having read and considered the Medical Board of Review reports regarding your case, the Board of Trustees, on Thursday, April 16, 1998, approved your application for Duty Disability Retirement for the following injuries:

Neck Chest Back

Sincerely,

Janet/Sharon Lenear, Recording Secretary

Copy Receiver:

Worked Compensation

Valerie I Johnson Sceretary Nicholas Degel Administrative Secretary Medical Director Reginald F O Neal 12 O Ronald Zajac Legal Counsel Thomas Zahodowski Executive Secretary

BOARI) OF TRUSTIES

Policemen & Firemen Retirement System of the City of Detroit Meeting Number 2152
Thursday - April 16, 1998

# MEDICAL BOARD OF REVIEW OF TIJUANA MORRIS

BY MR. ORZECH SUPPORTED BY MR. KNOWLES

WHEREAS, THE BOARD HAS READ AND CONSIDERED THE MEDICAL BOARD OF REVIEW REPORTS REGARDING TIJUANA MORRIS' CASE, THEREFORE BE IT

RESOLVED, THAT THE BOARD APPROVE MS. MORRIS' APPLICATION FOR DUTY DISABILITY RETIREMENT FOR CHEST, NECK AND BACK INJURIES, AND BE IT FURTHER

RESOLVED, THAT A COPY OF THIS RESOLUTION BE PROVIDED MS. MORRIS AND WORKER COMPENSATION:

Yeas - Trustees Abdelnour, Clark, Knowles, Orzech, Sexton, Stempin, Terry and Chairman Royal - 8

Nays - None

# Reginald O'Neal, D.O. Board Certified Internal Medicine 2600 Martin Luther King Jr. Blvd. Suite 220 Detroit, MI 48208-2596

July 10, 1996

Board of Trustees Police & Fireman Retirement System 908 City County Building Detroit, MI 48226

RE: Morris, Tijuana SS #: 386-60-2534

#### Dear Board Members:

Police Officer Tijuana Morris was seen at your request for reevaluation for determination of continued Duty Related Disability Retirement. Officer Morris was granted this retirement secondary to development of cervical myositis on the left along with left upper extremity tendonitis and depression. She reports that she continues to have numbness, tingling and stiffness in the left lower extremity and neck area. She states she continues to have chest discomfort that is intermittent, episodic and aggravated by any type of physical activity. She has developed muscle spasms in both lower extremities. She states that they are uncontrollable and can occur any time. She has also developed swelling of the left arm whenever staying in an independent position.

Police Officer Morris is receiving treatment by Dr. Laran Lerner a specialist in physical medicine. She states she sees him on a weekly basis and receives ultrasound treatment, wax treatment and heat packs applied to her neck and upper extremities. In addition to the above mentioned therapeutic measures she continues to wear a back brace for support when ambulating and walks with a cane.

Physical Exam: Age . 41 Wt. 180, Ht. 5' 4", BP. 110/70, Temp. 98.8, Pulse 100.

General: Well nourished, well developed male who is alert and oriented to person, place and time who walks with very measured gait secondary to, "The pain she feels with movement." HEENT Pupils are equal and reactive to light accommodation. Extraocular muscles are intact. Heart has a regular rate and rhythm, without murmur S3, S4 auscultated. Lungs are essentially clear to auscultation, no rales or rhonchi appreciated. Abdomen is soft and nontender with bowel sounds in all four quadrants. No

Dr. O'Neal Morris, Tijuana Pr. 2. of 2.

Hepatosplenomegaly is appreciated. Extremities: Patient is severely tender in area of left cervical musculature and left paraspinal muscle in the thoracic area. Evaluation of grip strength is severely restricted on the left rated as 1/5. It is worth to note that the patient is left handed and should have more strength in her left than the right. She resists elevating her left upper extremity more than approximately 45° from midline. She was positive for pain in straight leg raising on the left at approximately 15° and on the right 40°. She states the pain is localized into her lower back area.

#### Conclusion:

Police Officer Tijuana Morris continues to received treatment for depression in the form of Buspar and Zoloft. She continues to exhibit severe myofascial. We therefore recommend that his disability be continued with reevaluation in one year.

Sincerely,			
Reginald E. O'Neal	, D.O., Medic	al Director	
Luis A. Murrain, D.	O.	<del></del>	

# LARAN LERNER, D.O. PHYSICAL MEDICINE AND REHABILITATION Michigan Health Center

2600 Martin Luther King Jr Blvd Suite 280 Detroit, MI 48208 313-721-0011

May 28, 1996

RE TIJUANA MORRIS

This patient has remained under my medical treatment and care from May 2, 1994 until the present time

This patient continued to complain of neck pain radiating to her left upper extremity with numbness and paresthesia. She complained of low back pain radiating to her left lower extremity with numbness and paresthesia. She complained of mid back pain, pain in her left shoulder, pain in her chest, and pain in her left elbow. She complained of shortness of breath and dyspnea on exertion. She uses a cane for assistance with her gait. She stated any activity such as bending, twisting, turning, lifting, or overhead reaching seem to aggravate her neck, low back, left shoulder, and left chest wall symptoms.

#### PHYSICAL EXAMINATION

This patient's affect appeared flat and depressed

Examination of the cervical, dorsal, and lumbar spine has revealed decreased range of motion with tenderness to palpation. There has been intermittent trigger point areas and muscle spasm in this patient's dorsal and cervical areas.

Examination of the left shoulder revealed restricted range of motion. There was tenderness to palpation of the left shoulder rotator cuff muscles

Examination of the left elbow revealed tenderness to palpation over the left elbow lateral epicondyle and along the extensor tendons and muscles of the left forearm

There was tenderness to palpation of the left costochondral junction over the anterior chest wall. The chest was clear to auscultation and percussion. The heart had regular rate and rhythm

Muscle testing of the lower extremities was normal bilaterally

Deep tendon reflexes in the lower extremities were normal bilaterally

#### TIJUANA MORRIS

Sensation was intact in the lower extremities

X-rays of the cervical spine and CT-Scan of the cervical spine performed on October 6, 1995 revealed straightening of the cervical curve which was secondary to muscle spasm

X-rays of the lumbosacral spine as well as CT-Scan of the lumbosacral spine also performed on October 6, 1995 revealed degenerative changes in the lower thoracic spine. There was a mild diffuse posterior disc bulge at the L4-5 level

#### IMPRESSION

- 1 Chronic cervical, dorsal, and lumbar myofascial ligamentous strain
- 2 Chronic left cervical radiculopathy
- 3 Chronic myofascial pain syndrome
- 4 Chronic left shoulder rotator cuff tendinitis
- 5 Left anterior chest wall costochondritis with possible myocardial ischemia and angina
- 6 Depression
- 7 Chronic left elbow lateral epicondylitis
- 8 Degenerative thoracic disc disease
- 9 L4-5 lumbar disc bulging

#### RECOMMENDATIONS

I have advised this patient to refrain from engaging in any strenuous avocational, vocational, or household activities that would tend to aggravate this condition. The prognosis is guarded I recommended additional intermittent outpatient physical therapy treatment. I also recommended analgesic and muscle relaxant medications. I recommended continued use of the lumbar corset and standard cane for this patient.

Sincerely,

Laran Kerner, D O Board Certified

Physical Medicine and Rehabilitation

CITY OF DE			
	STROIT POLICIMEN AND FIREMEN BETT		Disability humber
230371	PPLICATION FOR DISABILITY RETIRE (To be filled out in ins)	Z.L.A.I	
TORNE TORNE		og for dury disability	the second secon
TIJUANA L. MORRIS	or	con-duty disability	ممم
: Residence Address		your dissollity is perso	Land .
15334 BURT RD, DETROIT, M	II 48223	tont grametriel is being	amment of compount;
J Cate of Oirth	PERMANENT	rst notice your disabi	lity (Gire date)
FIFE De Barrishes embroked ru	A CONTRACTOR OF THE PROPERTY O	irst count a physicis	rpent long
Diagram	Principle of the Control of the Cont	12-29-94	liesten des
	disability bens	ng or have you made app fits from any other sou	NO NO
Title on Payroll	12. If your disabil	ity is the result of an	
(c) POLICE OFFICER	nasses and addre	sees of witnesses.	
Name of immunate superior			
5 Give date you started to		!	
6 Date you lest attended to your duties with the City. STII	LL WORKING		
II. GIVE FOLL	EXPLINATION OF THE NATURE AND CHISES OF TO	OR DISLBULTTY	
CHE	EST, BACK, NECK, ARM INJURT	FS	
14. Names and addresses of physicians you	u have consuited in connection with your di	sability	Attendence
14. Names and addresses of physicians you Name	u have consulted in connection with your di	sability	
14. Names and addresses of physicians you Name GEORGE SAWABINI	w have consulted in connection with your di Address  4420 E. DAVISON DETROIT, MI 48312	sability Dates o	
14. Names and addresses of physicians you Name  GEORGE SAWABINI  DR. LERNER	w have consulted in connection with your di	sability Dates o	
14. Names and addresses of physicians you Name GEORGE SAWABINI	4420 E. DAVISON DETROIT, MI 48212 2600 MARTIN LUTHER KING	sability Dates o	
14. Names and addresses of physicians you Name  GEORGE SAWABINI  DR. LERNER	4420 E. DAVISON DETROIT, MI 48312 2600 MARTIN LUTHER KING	sability Dates o	
14. Names and addresses of physicians you Name  GEORGE SAWABINI  DR. LERNER  AD KAPI  The undersigned meaner hereby makes disability benefits and authorizes to be disability benefits and formulating of Retirement System is not to be consistent and firemen Ratirement System.  DETROTT. MT 48226	4420 E. DAVISON DETROIT, MI 48212 2600 MARTIN LUTHER KING DETROIT, MI 48206 26555 EVERGREEN	DR. PLVD  at System of the City of him to report direct mysical condition. The wto by the Policemen at	of Detroit for it to the summersigned and Firemers.



May 18, 1995

Tijuana L. Morris 15334 Burt Road Detroit MI 48223

Dear Ms. Morris:

On May 18, 1995, the Board of Trustees approved your application for Duty Disability Retirement for arm injury and denied your application for Duty Disability Retirement for chest, neck and back injuries.

In the event you wish to have your application for Duty Disability Retirement for chest, neck and back injuries reconsidered by a Medical Board of Review, We enclose the provisions in the City Charter regarding procedures for a Medical Board of Review. If you go to a Medical Board of Review, you must provide this writer with the complete name, address, zip code and telephone number of the physician you wish to represent you on said Medical Board of Review. This must be done in writing within 30 days.

Sincerely,

Janet S. Lenear

Recording Secretary

Enclosure:

Eric M Tucker Secretary Nicholas Degel Administrative Secretary Medical Director Reginald L O Neal D O Ronald Zajac Legal Counsel Thomas Zdradov kr Executive Secretary

BOARD OF TRUSTELS

Ex Officio Members Dennis W Archer Mayor Gil Hill Council Designate Earl C Cabbell Treasurer Isaab McKinnon (buf of Police Harold D Watkins St. Fire Commissioner Theoted Members, Samuel Abdelmour John Clark

#### (MEDICAL BOARD OF REVIEW)

other person claiming benefits hereunder, shall disagree with any medical findings of the Medical Director, the Board of Trustees, may, on its own motion, or on the petition of any such member, beneficiary or person claiming benefits hereunder, refer the matter in dispute to a Medical Board of Review, consisting of 3 physicians or surgeons, of whom 1 shall be named by the Board of Trustees, 1 shall be named by the affected member, beneficiary, or other person claiming benefits, and the 3rd shall be named by the 2 so named. THE MEDICAL DIRECTOR SHALL IN NO CASE BE A MEMBER OF THE MEDICAL BOARD OF REVIEW.

Such Medical Board of Review shall be named within 10 days after the filing of such petition. The Medical Board of review shall promptly examine the medical findings in dispute and shall, within 60 days from its appointment, file with the Board of Trustees a written report of its findings, WHICH SHALL BE FINAL AND BINDING AS TO THE MEDICAL FINDINGS.

The REASONABLE FEES (EXPENSES) of such Medical Board of Review shall be paid from the Expense Fund.

City of Detroit Policemen and Firemen Retirement System 908 City/County Building, Detroit MI 48226 (313-224-3360)

City Charter - Title IX - Chapter VII - Article III - Section XII - Paragraph C

# Aeginald E. O'Neal, D.O.

2600 M.L. KING JR. BLVD., Suite 260 Detroit, Michigan 48208-2596

(313) 895-3137

FAX (313) 899-5604

May 10, 1995

Board of Trustees Police and Fire Retirement System 908 City-County Building Detroit, Michigan 48226

RE: Tijuana Morris SS: 386-60-2534

Dear Board Members:

Police officer Morris has requested a Duty Disability Retirement for chest, back, neck, and arm injuries.

HISTORY OF ILLNESS: On 12/16/93 she was involved in a physical struggle with an individual who was suffering from a confused mental state. While arrest of the person required physical restraint she and her partner were able to help the EMS crew keep the lady strapped to the stretcher. After completing the paper work to commit the lady, who she struggled with, to the Detroit Receiving she noted pain in the left chest, shoulder, and arm. Over the next couple of weeks she continued to experience left sided chest pain. On 12/29/93 the pain was so severe that she sought treatment at Grace Hospital on Outer Drive. She was admitted and released two days later at her request. Officer Morris continued to have chest pain. Because of the continued pain a coronary artery catheterization was completed and no evidence of heart disease was found. Since that injury she continues to suffer from pain in the left chest and left shoulder and arm. She reports that the pain is always present unless she receives an injection of the left elbow or upper left back area. The injection will provide relief for a couple of days. If she lays down for a hour or longer she will have lessening of the pain. She reports swelling of the entire left arm if she uses the arm too much, ie. picking up a two liter pop will cause pain as well as writing (left handed).

. TEL: 535-6315			
HERRELAUTH PRINCE		<mark>Wyzitek kaminin dua n</mark> Frince tilligaeid	
230371		(ed out in ins)	
I Likemone # Name	industrial exploration on the control of the contro	7. Are you applying to	r duty disability recirement XXX
TIJUANA L. MORR	CC	ł	anduty disability retirement
15334 BURT RD, DE	STROIT MT AGES	8. State weether your	diameticy is permanent of temporary
1 Cate at negh			TO THE ONE STATE OF THE PROST TO THE PROST TO THE PROST TO THE STATE OF THE STATE O
or ice perfects contober in Rough	1ARCH 30 Year 1955	9 Bus eld you first 1 12-16-93	notice your disability (Gles date)
(# )component construction construction Division	national control of the control of t	£ 5	consult a physician about your-
		11. Are you receiving on	have you made application for
(b) Table on Payroll	sagetangentersymmetry, en en en engels a dat mårren en eft folkst til plate folkste det skipste pår en en en e		from any other source?
(c) POLICE OF	FICER	12. If your disability in news and addresses	s the result of an accident, give of vitueses.
aqua saatbeens lo emak	\$ \$ 0 \$.	ACCOUNTY.	
(q)	Things with the street of the	######################################	
S Cive date you started to	9		,
5 Date you last attended	appartheuriciReditation en opportunitation en opportunitation appartituit et de la company de la company de la R ES	- The state of the	
your duties with the CI	ey. STILL WORKING	The state of the s	
	GIVE NEL LIPLANATION OF THE	NATURE AND CLESES OF ROLE DE	uru.
		en e	adayaran ta sinandan a sanakaran kirakan ina maran ka sana da sanakan ina da ka sanakan sanakan ka sanakan ka s
	CHEST, BACK, NE	CK, ARM INJURTES	
emonycopy, who provides and balance month process month formal three Asylmon	an and a supplication of the control	experience and enteringues and the property of the second	and a string of the second string of the second sec
description of the second of t		· ·	t is given to many the same of the impact of the same of the property of the same of the s
Anterespecial management and anterespecial anterespecial and anterespecial ant	and the second s		14。 我们我们从我们还不仅是没有是是我们对我们还没有不是是是不是是是不是是是不是是是我们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们
14. Names and addresses of p	phaseres has been countred to	consection with your disabili	
Name		Address	Dates of Altendence
GEORGE SAWABINI	4420 E. DA	AVISON	
	DETROIT	4-48313	The second section of the second section of the second sec
OR. LERNER	2600 MARTI	N LUTHER KING DR.	ELVD
JD KYLI	mensione management de la company de la comp		
	26555 EVER	GREEN D. MI 48075	
general philosophic source and so		and the second s	
Special and a second se		1 50	and I show the water than the desired
	eraby wakes claim to the Folicem authorizes the above named physi-	•	
	Policemon and Firemon Ratiremons		
	uratehing of this form or other	· · · · · · · · · · · · · · · · · · ·	
	to be considered nor constitute	, ,	
cen and Firesen Retirese			
Ph			
DETROIT, MI 4:	8226 This 23	. MAY	192
Dated at	TREE TOTAL CONTRACTOR OF THE PROPERTY OF THE P	Day of management of the second	neusatariii.arta.ukkieatariii.keristariitariitakkii.
	•		1
Ella BI M	h /		
( XXX 18V/	Market Ma		Company Company
		V. Jennama	The Mars. a
Signature	same and the same of the same	Vignam.	MOMON A
nt to the control of	of Altuena	V. Jegurna	Stern of Massor

TEL: 535~6315				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and yieeman betikeme Isabiliit eetieement	T STETLE Disabil	Jeh prosper
230371	(To be filled	out in ins)	COLUMN CONTRACTOR DE SECURIO DE PARTICIO DE PROPERTOR DE LA CONTRACTOR DE LA COLUMN	CT) 255 3.4
Laimant s name	ydrilleddiaiddiaidd Areidd Addinedd Areill Archilledd Areilledd Areilledd Areilledd Areilledd Areilledd Areill Areilleddiaidd Areidd Areilledd Areilledd Areilledd Areilledd Areilledd Areilledd Areilledd Areilledd Areilled	7. Are you applying for	auty disability recires	xxx X
TIJUANA L. MORRIS	ratuusis väitista tukkon kasitasusa tähtä siideksi taiteeksi taateen ja vasta taasaa saassuusississa.		duty disability settron	
: Residence Address 15334 BURT RD. DETROIT, M	T 48223	8. State wasther your d	medity is personent o	r temporary
3 Date of Dirth MARCH 3		PERMANENT 9 Shen aid you first m	neten your disability (G	ive date)
Konth Day	0 1955	12-16-93		
TICE colline cubiosed tu		10. Then did you first co	onsuit a physicisa sheet 29-94	hour.
$\texttt{Draisson}_{(g)}$	000000000000000000000000000000000000000	I'V Are were possibility at	daniera shee por evad	m for
(b) Table on Payroll		disability benefits !	rea soy other sources	NO.
(c) POLICE OFFICER  Hame of immunists superior	The state of the s	12. If your disability is	the result of an accide	est. give
			23.00.0000 (1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1.0000 1	NAMES AND ASSESSED A
(d)  S Give date you started to	UNCOMMUNICATION PHY ARRIVED TO THE PROPERTY OF		•	
work for the city.	partinisentitiskontagistiskiskistijiilkoortiinoonioortiinisettiinaatiinisettiinis	the mass dissipation consistence with the state of the st	ta kuloni Const Ballacija iz sancare king pad majaka mesandikan melandikan di Angali da beria.	parameter en
6 Date you isst attanded to your duties with the City. STIL	L WORKING	egationed generalization in high attractive prints are perfectly the contractive prints between the contractive prints and contractive prints are contractive prints and contractive prints are contractive pr	konorrostenket i inner til likkon kallinen kallinen kallinen och alle men til sik fill millingstorration kalli	Mangalatan and and and and and and and and and a
13. GIVE FIEL 1	EIPLANATION OF THE NAI	TUER AND CLUSES OF YOUR DIS	isuit	<u>ne proposition de la proposition de la companya de la proposition de la companya de la companya</u>
& with a common the common that the common thas the common that the common that the common that the common tha		an entre fragment de sur last of address color to cherk en sur la	e estimation company and a property of the second contract of the se	A CONTRACTOR OF THE PROPERTY O
	שייים שימגם ידים	ADM TRITIDATES	gaagaan kalaan kalaan ee ta ta kalaan ka	
CHE	OI, DACK, NECK	A SULL TURK (E.Z.	againe the contract of the Con	SOUTHWAY CONTRACTOR OF THE
	DI, DACK, NECK	TOTAL		
	OL, DACK, NECK			PROCESSION CONTRACTOR
	CONTRACTOR OF THE CONTRACTOR O			++  Additional security of the
		man, and not an able of the medical control follows of the control follows of the control follows and the control follows of the control	1987年	
CHE  tames and advance of physicians you  Name	1 Pass Curried to co	man, and not an able of the medical control follows of the control follows of the control follows and the control follows of the control	1987年	en general de la companya de la comp
14. Names and addresses of physicians you	have consulted in con A 4420 E. DAV	ESON	F. Å	en general de la companya de la comp
14. Names and addresses of physicishs you have	have consulted in con A 4420 E. DAV DETROIT, MI	restice with your disabilities.	ET  Detre of Atter  Language and description of the second	en general de la companya de la comp
14. Names and addresses of physicians you was CEORGE SAWABINI  DR. LERNER	A420 E. DAV DETROIT MT 2600 MARTIN DETROIT MI	Escion with your disabilities.  TSON  AB212  LUTHER KING DR.	ET  Detre of Atter  Language and description of the control of the	enganonananananananananananananananananan
14. Names and addresses of physicians you Name  GEORGE SAWABINI	4420 E. DAV DETROIT, MT 2600 MARTIN DETROIT, MI 26555 EVERGI	Eson  LUTHER KING DR.  1860 1860 1860 1860 1860 1860 1860 186	ET  Detre of Atter  Language and description of the control of the	enganonananananananananananananananananan
14. Names and addresses of physicians you was CEORGE SAWABINI  DR. LERNER	A420 E. DAV DETROIT MT 2600 MARTIN DETROIT MI	Eson  LUTHER KING DR.  1860 1860 1860 1860 1860 1860 1860 186	ET  Detre of Atter  Language and description of the control of the	enganonananananananananananananananananan
14. Names and addresses of physicians you have generally and addresses of physicians of the physicians	4420 E. DAV DETROIT MT 2600 MARTIN DETROIT MI 26555 EVERGI	TSON  LUTHER KING DR.  48306  REEN  MI 48075		The additional and the additiona
14. Names and addresses of physicians you have  CEORGE SAWABINI  DR. LERNER  The undersigned member hereby wakes a disability benefits and authorizes the	4420 E. DAV DETROIT MT 2600 MARTIN DETROIT MI 26555 EVERGI SOUTHFIELD	ISON  AB212  LUTHER KING DR.  AB206  REEN  MI AB075  and Firemen Betirement System, who have settened has	ELVD  tra of the City of Date to report directly to t	
14. Names and addresses of physicians you Name  GEORGE SAWABINI  OR. LERNER  The undersigned member hereby wakes a disability benefits and authorizes the Medical Director of the Policeses and	4420 E. DAV DETROIT MI 2600 MARTIN DETROIT MI 26555 EVERGI SOUTHFIFLD claus to the Policement to show named physicis if Firement Retirement Sy	ABOLD  ABOLD  LUTHER KING DR.  48206  REEN  MI ABOLD  and Firemen Bettrement Sysums, who have attended bis physica	ELVD  ten of the City of Date to report directly to t i consistion. The sures	
The understand member hereby makes to disability benefits and authorizes the Medical Director of the Policemen and member agrees that the furnishing of	4420 E. DAV DETROIT MI 2600 MARTIN DETROIT MI 26555 EVERGI SOUTHFIFLD class to the Policement to show asset physics if Fireman Retirement Sy thus form or other for	ISON  LUTHER KING DR.  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	PLVD  tra of the City of Date to report directly to to i constion. The treas: the Policeses and Fire	
14. Names and addresses of physicians you Name  GEORGE SAWABINI  DR. LERNER  The undersigned member hereby makes a disability benefits and authorizes the Medical Director of the Policemen and member agrees that the furnishing of Retirement System is not to be considered.	4420 E. DAV DETROIT MI 2600 MARTIN DETROIT MI 26555 EVERGI SOUTHFIFLD class to the Policement to show asset physics if Fireman Retirement Sy thus form or other for	ISON  LUTHER KING DR.  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	PLVD  tra of the City of Date to report directly to to i constion. The treas: the Policeses and Fire	
The understand member hereby makes to disability benefits and authorizes the Medical Director of the Policemen and member agrees that the furnishing of	4420 E. DAV DETROIT MI 2600 MARTIN DETROIT MI 26555 EVERGI SOUTHFIFLD class to the Policement to show asset physics if Fireman Retirement Sy thus form or other for	ISON  LUTHER KING DR.  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	PLVD  tra of the City of Date to report directly to to i constion. The treas: the Policeses and Fire	
14. Names and addresses of physicians you Name  GEORGE SAWABINI  OR. LERNER  The undersigned member hereby wakes a disability benefits and authorizes the Medical Director of the Policeses and member egrees that the furnishing of Retirement System is not to be considered and firement Retirement System.	4420 E. DAV DETROIT MI 2600 MARTIN DETROIT MI 26555 EVERGI SOUTHFIELD claus to the Policement to show named physicis if Firemen Retirement Sy this form or either for	LUTHER KING DR.  AB212  REEN  MI A8075  and Firemen Retirement Sysums, who have attended him yetem regarding his physical rese supplemental thereto by a sciences of liability by a sciences of liability by	PLVD  tra of the City of Date to report directly to to i constion. The treas: the Policeses and Fire	
14. Names and addresses of physicians you Name  GEORGE SAWABINI  DR. LERNER  The undersigned member hereby makes a disability benefits and authorizes the Medical Director of the Policemen and member agrees that the furnishing of Retirement System is not to be considered.	4420 E. DAV DETROIT MI 2600 MARTIN DETROIT MI 26555 EVERGI SOUTHFIFLD class to the Policement to show asset physics if Fireman Retirement Sy thus form or other for	LUTHER KING DR.  AB212  REEN  MI A8075  and Firemen Retirement Sysums, who have attended him yetem regarding his physical rese supplemental thereto by a sciences of liability by a sciences of liability by	PLVD  tra of the City of Date to report directly to to i constion. The treas: the Policeses and Fire	
14. Names and addresses of physicians you Name  GEORGE SAWABINI  OR. LERNER  The undersigned member hereby wakes a disability benefits and authorizes the Medical Director of the Policeses and sumper agrees that the furnishing of Retirement System is not to be considered and firement Retirement System.  DETROIT, MI 48226	4420 E. DAV DETROIT MI 2600 MARTIN DETROIT MI 26555 EVERGI SOUTHFIELD claus to the Policement to show named physicis if Firemen Retirement Sy this form or either for	LUTHER KING DR.  AB212  REEN  MI A8075  and Firemen Retirement Sysums, who have attended him yetem regarding his physical rese supplemental thereto by a sciences of liability by a sciences of liability by	Dates of Atter    Dates of Atter   ELVD  two of the City of Date to report directly to the i condition. The wrate: the Policemes and Pire the City of Dateout Po	
14. Names and addresses of physicians you Name  GEORGE SAWABINI  OR. LERNER  The undersigned member hereby wakes a disability benefits and authorizes the Medical Director of the Policemen and member agrees that the furnishing of Retirement System is not to be considered and Firement Retirement System.  DETROIT, MI 48226  Dated at	4420 E. DAV DETROIT MI 2600 MARTIN DETROIT MI 26555 EVERGI SOUTHFIELD claus to the Policement to show named physicis if Firemen Retirement Sy this form or either for	LUTHER KING DR.  AB212  REEN  MI A8075  and Firemen Retirement Sysums, who have attended him yetem regarding his physical rese supplemental thereto by a sciences of liability by a sciences of liability by	Dates of Atter    Dates of Atter   ELVD  two of the City of Date to report directly to the i condition. The wrate: the Policemes and Pire the City of Dateout Po	
GEORGE SAWABINI  OR. LERNER  The undersigned member hereby makes a disability benefits and authorizes the bedacal Director of the Policemen and member agrees that the furnishing of Retirement System is not to be considered at DETROIT, MI 48226  Detect at MAN AND AND AND AND AND AND AND AND AND A	4420 E. DAV DETROIT MI 2600 MARTIN DETROIT MI 26555 EVERGI SOUTHFIELD claus to the Policement to show named physicis if Firemen Retirement Sy this form or either for	LUTHER KING DR.  AREAN	Dates of Atter  ELVD  two of the City of Date to report directly to t i concition. The wears the Policeme and Pire the City of Datroit Po	
14. Names and addresses of physicians you Name  GEORGE SAWABINI  OR. LERNER  The undersigned member hereby wakes a disability benefits and authorizes the Medical Director of the Policemen and member agrees that the furnishing of Retirement System is not to be considered and Firement Retirement System.  DETROIT, MI 48226  Dated at	4420 E. DAV DETROIT MI 2600 MARTIN DETROIT MI 26555 EVERGI SOUTHFIELD claus to the Policement to show named physicis if Firemen Retirement Sy this form or either for	LUTHER KING DR.  AREAN	Dates of Atter    Dates of Atter   ELVD  two of the City of Date to report directly to the i condition. The wrate: the Policemes and Pire the City of Dateout Po	
GEORGE SAWABINI  OR. LERNER  The undersigned member hereby makes a disability benefits and authorizes the bedacal Director of the Policemen and member agrees that the furnishing of Retirement System is not to be considered at DETROIT, MI 48226  Detect at MAN AND AND AND AND AND AND AND AND AND A	4420 E. DAV DETROIT MI 2600 MARTIN DETROIT MI 26555 EVERGI SOUTHFIELD claus to the Policement to show named physicis if Firemen Retirement Sy this form or either for	LUTHER KING DR.  AREAN	Dates of Atter  ELVD  two of the City of Date to report directly to t i concition. The wears the Policeme and Pire the City of Datroit Po	

# PENSION STATEMENT



Police and Fire Retirement System of the City of Detroit 2 Woodward Ave Ste 908 Detroit, MI 48226-3455

Retirement Code 8-41-0-7

Tax Code No Withholding Pension No 230371 Social Security No XXX-XX-2534

Period Beginning: Period Ending: Check Date:

Check Number:

Batch Number:

Page 001 of 001 04/01/2014 04/30/2014 05/01/2014 7000158479 000000000537

MORRIS, TIJUANA L PO BOX 23712 DETROIT MI 48223-0712

EARNINGS	NATÉ ADJI	ISTMENT	CURRENT	YTO	DEBUCTIONS DEBUG	CTION CODE	CURRENT	YTD
Pension	3018.93	0.00	3018.93	15094.65	Federal Income Tax			0.00
Annui ty	0.00	0.00	0.00	0.00	Michigan Income Tax  Death Benefit	00040210	0.00	0.00
					DPOA Group Ins	00040620	45.33	197.99
					Police Benefit & Pro	00040315	18.55	92.75
	**				Retired Assoc Dues	00080100	3.00	15.00

Gross Pay

3018.93

15094.65 Total Deductions Net Pay

66.97

647.89

\$2,951.96

IMPORTANT NOTES

<b>₩</b>				er er i den mer mer mer me	Company of American Company	
	RRECTED (if checked)			•	•	
'AYER'S name, street address, city, state, and ZIP code	1 Gross Distribution		OMB No	1545-0119	Distributions from	
OLICE AND FIRE RETIREMENT	\$35,781.7	5			Pensions, Annuities	
SYSTEM OF THE CITY OF DETROIT	2a Taxable Amount		<b>4</b> 20°	13	Retirement or Prof	
WOODWARD AVE AM 908					Sharing Plans, IRAs,	
)ETROIT, MI 48226-3455	\$0.00		Form 10	Jaak	Insurance Contracts, etc.	
AYER'S Federal Identification number RECIPIENT'S Identification number I8-2465279	r 2b Taxable amount not determined		Total Distribution			
The state of the s	3 Capital gain (included	in box 2a)	4 Federal Incom	e tax withheld		
EDUCED DUTY DISABILITY*	5 Employee Contributio	ns	\$0.	00	Сору С	
ECIPIENT'S Name and Address	/Designated Roth Control insurance premiums	ibutions or	6 Net unrealized appreciation in employer's securities		For Recipient's Records	
	7 Distribution Code(s)	IRA/SEP/ SIMPLE	8 Other			
IORRIS TIJUANA L	9a Your percentage of t	tal	9b Total employ	e contributions	This information is being	
O BOX 23712	distribution		ob rollar diripid,		furnished to the Internal Revenue Service.	
ETROIT, MI 48223-0712	12 State tax withheld		13 State/Payer's	state no		
Amount allocable to IRR within 5   11 1st Yr of Desig Roth contrib.		manierio mietropiemiero propresso		***************************************	14 State distribution	
years	15 Local tax withheld		16 Name of local	ity	17 Local distribution	
count Number 383018 Form 1099-R 13-53846-tjt Doc 7279 Filed	0 <del>8/28/14 Ente</del>	ered 09	/05/14 12 <sub>0</sub>	57:59 Partine Fr	age 21 of 40 Service	

# **EXHIBIT**

5) Social Security and DHS Denial letters, World Relief Denial letter

6) Same as above

# **EXHIBIT**

4) These documents are recorded in the plan of adjustments and bill from hospital

#### SUMMERHYSIONNS GROUP PERU

CONTROL OF AN AVAILABLE

FUR BOLING OF OPNATION, PUSASE DAIL 248-593-9760

COLOR TRADES ACCOUNT NUMBER 17180

3020.00 05/01/14

mosta anameno tera

THUMPA MORPIS ASSET JOY RD ART JA DETROIT, MI 46226

SEPARET PHYSICIANS GROUP PLLC OFFT 771721 PO BOX 77000 OF THE CHE ME 482.77-1721

		THE STATE OF THE PROPERTY OF T	ACCOUNT	ACTIVITY
DATE	PATIENT	DESCRIPTION	INSURANCE	PATIEN
4725/2014		Este Statement from 04/01/2014 to 05/01/2014 TRABA TRANSCER BALANCE		309
47.2872014		(MEC NOT RETURNED BY PT)\$3,000,60 080 704 MR, CERTACAL WED CONTRAST		
		BALANCE	0.00	90.0

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT CHARO AT (248) 593 9789 X 239

91-120 DAYS 120+ DAYS \$1-60 DAYS 61-90 DAYS 0-30 DAYS 0.00 0.00 0.00 0.00

ACCT: 17180

HEIMA INCHR

MAKE CHECKS PAYABLE TO:

# Social Security Administration Retirement, Survivors and Disability Insurance Notice of Disapproved Claim

Great Lakes Program Service Center 600 West Madison Street Chicago, Illinois 60661-2474 Date: June 27, 2014 Claim Number:

TIJUANA L MORRIS
14841 JOY RD APT 2
DETROIT, MI 48228-2470

We are writing to tell you that you do not qualify for disability benefits.

### Why We Cannot Pay You

You do not qualify for disability benefits because you have not worked long enough under Social Security.

We figure work under Social Security in credits. Please read the enclosed pamphlet, "How You Earn Social Security Credits," which explains how the credits are earned and how many a person must have to receive benefits.

Since you do not have enough work credits to qualify for benefits, we did not make a decision about whether you are disabled under our rules.

## Other Social Security Benefits

You are not due any other Social Security benefits. In the future, if you think you may qualify for benefits from us, you will need to apply again.

# Need Help Getting A Job?

If you want to ask about counseling, training, and other services to help you in going to work, contact the nearest State vocational rehabilitation office. Their phone number is in the blue pages of your telephone book under State Government. You can also go to our Office of Employment Support Programs' website at www.chooseworkttw.net/resource/jsp/searchByState.jsp. Click on the State where you live and it will provide your local vocational rehabilitation agency's address and telephone number.

Enclosure(s): Pub 05-10072



386-60-2534HA Page 2 of 3

# Do You Disagree With The Decision?

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

You have 60 days to ask for an appeal.

The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on it unless you show us that you did not receive it within the 5-day period.

You must have a good reason if you wait more than 60 days to ask for

an appeal.

You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2. You may go to our website at www.socialsecurity.gov/online/ to find the form. You can also call, write, or visit us to request the form. If you need help to fill out the form, we can help you by phone or in person.

## New Application

You have the right to file a new application at any time, but filing a new application is not the same thing as appealing this decision. If you disagree with this decision and you file a new application instead of appealing:

- you might lose some benefits, or not qualify for any benefits, and
- we could deny the new application using this decision, if the facts and issues are the same.

So, if you disagree with this decision, you should file an appeal within 60 days.

# If You Want Help With Your Appeal

You can have a friend, representative, or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There are also representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a representative who is eligible for direct pay, we will withhold up to 25 percent of any past due benefits to pay toward the fee.



386-60-2534HA Page 3 of 3

## If You Have Any Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-888-366-6152. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY 26840 W SEVEN MILE RD REDFORD MI 48240

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration





# STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES WAYNE COUNTY



July 1, 2014

Morris, Tijuana Apt 2 14841 Joy Rd Detroit, MI 48228 Bridges Case Number: 115086200

### Dear Sir/Madam:

The Department of Human Services has prepared the enclosed Hearing Summary because you have requested a hearing. It explains the actions taken on your case and lists the policy items used in taking these actions.

Also enclosed are copies of the documents the Agency plans to present as evidence at your hearing. Please review these documents and bring them with you to the hearing. You may call if you have questions at 937-5220.

Copies of this information have been sent to Administrative Hearings in Lansing and to your authorized hearings representative, if you have one. Administrative Hearings will notify you of the date, time, and location of the hearing by letter.

Sincerely,

E. Luther Casework Supervisor Wayne County D.H.S.

Copies to: Client's representative Hearings Coordinator

District 35 Office, 27260 Plymouth Road, Redford, Michigan 48239 www.michigan.gov



#### **HEARING SUMMARY**

Michigan Department of Human Services ADMINISTRATIVE HEARINGS

Case Name:

Tijuana Morris

Case Number: 115086200

06/25/2014

DHS Office:

WAYNE CO DHS REDFORD SERVICE CENTER

Specialist:

T. Baker

Phone:

Date:

(313) 937-5261 (313) 937-4326

Specialist ID:

bakert8

CLIENT REQUESTED HEARING REGARDING ASSISTANCE OR SERVICE ACTIONS:	
	Effective Date
06/27/2014 05/12/2014 05/12/	
	3. Hearing Request Recorded in Bridges
06/25/2014	Yes No
7. Benefits Restored? 8. Date Claimant Offered Case Conference 9	Date DHS-1560 Sent
Yes X No 06/25/2014 X Accepted Rejected	06/20/2014
	3. Employment Related Activities?
\$ 0.00 \$ 0.00	Yes X No
14. Programs Impacted By the Department Action:	
FIP FAP MA Eligibility SDA Eligibility HMP CDC	ADOPTION SUBSIDY
SER PATH MA Disability SDA Disability Other CPS	EXPEDITED
15. Case Address	
Tijuana Lee Morris Apt 2 14841 Joy Rd Detroit MI 48228 (313) 208-8323	
DEPARTMENT REQUESTED HEARING:	
Intentional Program Violation (IPV) Debt Collection	
Explanation of action taken and facts and fact sources used in taking action:	
Client requested a hearing due to denial for the State Emergency Relief Program. Se	
\$3018.00 reported by client on DHS-1004 signed on 05/09/2014(Exhibit 1 DHS-1004 PA	
maximum allowed for state emergency relief. Income verified via pension statement with a ch	neck date of 05/01/2014(Exhibit
2 PAGE 7).	
	•
•	
The state of the s	
	***************************************
	The state of the s
Law and regulation(s) or manual item(s) used in taking action:	
	Ì
ERM 103 Prepared by	Date
T Dokon	06/25/2014

Attach a copy of papers to be used at the hearing, INCLUDING MEDICAL INFORMATION where at issue. Submit original Hearing Summary WITHIN 15 DAYS of receipt of the hearing request to: DHS, Administrative Hearings, P.O. Box 30639, Lansing, MI 48909-8139. DISTRIBUTE one copy of this Summary, with all attachments, to claimant/attorney and retain one copy.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.



### REQUEST FOR HEARING

State of Michigan
Family Independence Agency

INSTRUCTIONS: Complete items 10 through 16 below. Please type or print, DELIVER OR MAIL completed form to your local FIA office, Attn: Hearing Coordinator. A date-stamped ∞py will be returned to you by the local office.

.,,	me (Last)		(Flist)	A distribution of the second s
<u> 14/0</u>	15737	<u>``</u>	11	201-1111
17	(s) In Dispute			a. Case Number (150)
4. County	5. District Number	6. Unh	7. Worker T. Bak	8. Oale Received

Esta forma se usa para solicitar una audiencia con un juez de ley administrativa cuando usted no está de acuerdo con una decisión que se hizo tocante a su caso. Si usted no entiende esta forma o necesita ayuda para completaria, comuníquese con su oficina local de la Agencia para la Independencia de la Familia al número de teléfono indicado en esta forma.

AUTHORITY: MCL 400.9, MSA 16,409

RESPONSE: Voluntary, PENALTY: None

هذه الإستمارة تستعمل لطلب المرافعة مع حاكم قضائي إداري عندما لاتوافق على قرار يتخذ بخصوص قضيتك، إذا لم تستطع فيم هذه الاستمارة أو احتجت الى مساعدة لملء الاستمارة اتصل بالمكتب المحلي لوكالة الخدمات العائلية على الرقم البين في الاستمارة.

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

<ol> <li>I request a hearing before an Administrative Law Judge regarding the County Family Independence Agency, Following are my reasons for re</li> </ol>	decision of the	Name of County
I'm REQUESTING ON IN OR	doesn't have by	MA CON CORMING
D. D. T. R. L. M.	THAT THE PARTY	
While rest started	ASSISTANCE L	MANG BOOM
waiting for Amonth, I	NAIKED TO DE	RSONS At
THE FRONT DESK of DHS	Two Times	I was told
THAT MY COSE'S DEN	DING, IHAI	IE NO DHS
350) STY 23MATEIEER	WORKER	
1		JUN 2 0 20 k
	J.	Due 6.27.14 +
By my signature below, I acknowledge that I understand that if a propor proposed action is upheld, or if I later agree that the Agency's proposed the hearing, then I will be required to repay any assistance which I would	action was correct and withdraw my h	e requested a hearing and the Agency's
I ☐ DO ☐ DO NOT want to continue receiving the amo	ount of food stamps I now rece	ive until after my hearing.
11. Signature of Person Requesting Hearing (AH must receive an original signature. If this form is signed by an authorized hearing representative, documentation of authorization.	12. Telephone Number	13. Date
must be allached.)	313-708-8333	10-18-14
14. Street/Address or Roule Number	15 Chy, State and 2p Code 0	4822 g
16. Are special atrangements required Yes Explain; for you to parkelpate in a hearing?		
THIS SECTION TO BE COMPLETED ONLY IF SOMEONE HAS	AGREED TO REPRESENT YO	U AT THE HEARING
17. Name of Authorized Hearing Representative	18. Telephone Number	19. 3%9
	,	1. 1
20, Street Address or Route Number	21. City, State, and Zip Code	
FU-18 (Rev. 3-1)3-53846-titley bDog, 7279 Filed 08/28/14	Entered 09/05/14 12:57:5	9 Page 30 of 40 p2

WAYNE CO DHS
REDFORD SERVICE CENTER
27260 PLYMOUTH
REDFORD MI 48239

Case Name: MORRIS, TIJUANA

Case Number: 115086200

Date: 06/20/14

DHS Office: WAYNE CO DHS Specialist/ID: T. Baker / Phone: 313 937-5261

Fax: 313 937-4326 Individual ID: bakert8

STATE OF MICHIGAN
Department of Human Services

lf you do not understand this, call a DHS office in your area.
DHS employees are prohibited by law from providing legal advice.
Si ústed no entiende esto, llame a una oficina de DHS en su área.
Si ústed no entiende esto, llame a una oficina de DHS en su área.
La ley prohibe a los empleados de DHS proporcionar asesoria legal.
إذا واجهنت صعوبة في فهم هذا الطلب، فأتصل بمكتب DHS السرجود في منطقتك.
يحرّم القائون على موظفي DHS إعطاء النصيحة القانونية.

Tijuana Morris APT 2 14841 JOY RD DETROIT, MI 48228 Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

"USDA is an equal opportunity provider and employer."

#### PRE-HEARING CONFERENCE

We have received your administrative hearing request for the SER program(s). The first step in this process is a pre-hearing conference with the caseworker and the DHS supervisor. At this conference you will have an opportunity to further explain the reason(s) for your hearing request and the Department will explain the action(s) taken on the program(s). You may also want to present additional information you feel is important to the hearing issue. This conference does not in any way affect your right to a hearing but is an attempt to quickly resolve the issue, if at all possible.

The conference is scheduled for 07/01/14

at 9:00AM

at our office Redford - DHS

Р3

If this date and time is not convenient for you, please call to discuss or reschedule the appointment.

Sincerely,

Ms. Luther Supervisor Title

Telephone Number 313-937-5220

13-53846-tjt Doc 7279 Filed 08/28/14 Entered 09/05/14 12:57:59 Page 31 of 40

WAYNE CO DHS REDFORD SERVICE CENTER 27260 PLYMOUTH RD REDFORD MI 48239

Case Name:

Tijuana Morris

Case Number: 115086200 05/02/2014

DHS Office:

Date:

WAYNE CO DHS REDFORD SERVICE CENTER

Specialist / ID: T. Baker / bakert8

(313) 937-5261

Phone: Fax:

(313) 937-4326

Individual ID:

14701817

# STATE OF MICHIGAN Department of Human Services

If you do not understand this, call a DHS office in your area. DHS employees are prohibited by law from providing legal advice. Si ústed no entiende esto, llame a una oficina de DHS en su área. La ley prohíbe a los empleados de DHS proporcionar asesoria legal. إذا واجهيت صعوبة لمي فيم هذا الطلب، فأنصل بمكتب DHS المرجود في منطنتك بحرَّم القانون على سرطفي DHS (عطاء النصيحة القانونية.

TIJUANA LEE MORRIS APT 2 14841 JOY RD DETROIT MI 48228

WAYNE CO DHS REDFORD SERVICE CENTER 27260 PLYMOUTH RD REDFORD MI 48239-9984 

# HEALTH CARE COVERAGE SUPPLEMENTAL QUESTIONNAIRE

Due Date: 05/12/2014

Why Are You Getting This Notice? We need some additional information to find the most beneficial health care coverage for you or a member of your family.

#### What Steps Should You Take?

- You must complete, sign, and date this form, and return it by the due date.
- Include a copy of all proofs that are listed in each section of this form.
  - Original documents which are received as proof may not be returned.
- The completed form and a copy of all proofs must be returned by the due date listed above. Please make sure your name is on all proofs.
- What Happens If You Do Not Return the Completed Form and Required Proofs by the Due Date?
  - For new applicants: If you do NOT return this form and all of the required proofs by the due date, your request for health care coverage may be denied.
  - For existing Medicaid recipients: Your benefits will continue at the current level.
  - If you receive Medicare: A determination for the Medicare Savings Program may not be made.
- If you do not understand this form and need help completing it, contact the specialist listed above before the due date.
- Complete this form to allow us to determine the most beneficial health care coverage. If you need additional space to provide your answers, use Client Comments Section on page 3.
- To apply for additional programs, please visit www.michigan.gov/mibridges, or contact the DHS office in your area.
- If you have questions or problems getting the proofs before the due date, please contact the specialist listed above. If you ask for help getting your proofs, your specialist may be able to assist you.

over

HS-1004 (Rev. 2-14) Bridges

Page 1 of 3

Case Name	***************************************	∍ Number					1 · · · · · · · · · · · · · · · · · · ·
Tijuana Morris			- 1	pecialist	and promise of a transmission to the first t		
MEMBERS OF HOUSEHOLD information and write the corre who do not appear on this form Comment Section on page 3.	- Below are the	names of pec the space pro olumns. If mor	ople we show livi vided. Add name e space is need	ng n your	Baker / househo rmation additiona	ld. Cross out	Incorrect living with you in Client
Name	Date of Birth	Relationship to you	Social Security Number	Gender (please circle)	Çiji	S. Pregn. now/ gen? last: month Yes/N	in If Pregnant, 3 Expected Due s? Date
Tijuana Lee Morris	03/30/1955	SELF		MØ	1/8	SNE	)
				M F			***************************************
				M F			
				M F			
				MF			
EACH ITY CLA	<u> </u>			M F			
FACILITY – List any person in y	our household w	tho lives in a fa	acility.				
Patient's Name		Name (	of Facility	Date of Facility Admission	1	ess Where You Entered the	Lived Before You Facility
						· · · · · · · · · · · · · · · · · · ·	
						×	
				Yes	No	Amount	How Often Paid
o you and/or your spouse have	a rent, mortgage	or other shel	ter expense?				
DISABILITY - List any person in	your home who	is blind or has	a disability.	<u> </u>	·		
Name		Med	dical Condition			Is this	person able to work?
581+	Please 568	ATTACI	HIN LOCK	m ENVT	1/20	Yes	;   No
***************************************	WECK BOAG	1.	1 1	REAT (	FINESO	ac 🗆 Yes	
		7			3777	☐ Yes	I No
ICOME SOURCE - Report all so end proof of the last 30 days for ays for child support and self-em om source of income;							
cipient's Name	Income Source	0 .	Gross Amount (Before deductions)	*Number Expected H of Work Per Period	ours (	Frequency Weekly, Bi- weekly, Monthly)	Start/End/ Change Date
ELF /	DISABILITA	lensing	3018,00	1 0.100		340711187)	
	SEPRONT!	Police, 1)	EPARTME,	47			
			7	. /			
		<u> </u>					

IS-1004 (Rev. 2-14) Bridges

Case Name	Case Number		Specialisl	
Tijuana Morris	(100020)			
EXPENSES YOU OR YOUR S	SPOUSE ARE RESPONSIBLE	TO PAY - Send proof	of all expenses with y	our name on it.
Type of expense to report	Name of Person Who Incurred the Expense	Type of Expense	Amount of Expense	Amount You are
<ul> <li>Guardian</li> <li>Conservator</li> <li>Child Support - court-ordered</li> </ul>	SEH	MEDICAL	3,090,00	Responsible to Pay
<ul> <li>Care for Adult with Disabilities</li> </ul>	i t	MORICATIONS	13000.00 P/US	3006.50 p/213
<ul><li>Employment-related</li><li>Dependent Care Expenses</li></ul>				
Medical			·	
Hawsuit settlements, trusts, annu	his may include: bank accounts, is uitles or any other property (include he last 60 months. Provide proof	ding in trust). Report if a	anvone bought, sold, tr	ansferred have
Name of Owner	Financial Institution	Account Number	Balance	New/Change Date
Bavings				
	BRRIE FIRST INDEREN	DEN CE	200.00	
Thecking D12001014	1 0 pp 1 123 130	2.11 112/1. 3.1		
TRIVIT CLARY - CARTALE	ONE	5440.4560-21		70
"IR JASURANE SE!		5155.9700.322 244 4450.80		1.00 RO MON
PENALTY WARNING	I CORTETION DAY	281 4430 1610.	240 135	18,001811,10M
epresentative is true. I understanisrepresented, hidden or withhus sistance than I should have received. I understand I may be agrature of Client or Authorized Representations.	r, that all the information I have wand I can be prosecuted for perjuiced facts which caused me to received. I can be prosecuted for lasked to show proof of any informative	ry if I have intentionally ceive assistance I shou fraud and/or required to mation I have given.  Imber   Signature of De	given false or mislea	ding information,
CLIE	NT COMMENTS (may also rep	ort additional informa	ation here)	The state of the s
1 EAS E CAR. 2013 \$	44UNDAI PLATE 45	JL60 #280	, 00 PER MONT	#
TORAGE \$65.00 C ENT 350.00 PER	mongh I Pay 1	sement \$ 10 People to 1184	6947,35 p	10,486,33 PORSONA
ELDS WARN J. CAR. LICE OFFICER PL	VIIFFORD IT AND VE NO HEALTH. I EASE SER BOTTACHME	N HOME CARE. NSYRAWCE - ING DPD 1910	LANDALIA LANDA KETLESI LPES MILELE	150.00 } DETROY INS : <del>CO</del> OR
rital status, sex, sexual orientation, gend	not discriminate against any individual or der identity or expression, political beliefs ited to make your needs known to a DHS	or disability. If you need hel	gion, age, national origin, or p with reading, writing, hear	olor, height, weight, ing, etc., under the
6-1004 (Rev. 2-14) Bridges				NERMOS

Page 3 of 3

13-53846-tjt Doc 7279 Filed 08/28/14

Entered 09/05/14 12:57:59 Page 34 of 40

MAY I 5 2014

# PENSION STATEMENT

Batch Number:



Police and Fire Retirement System of the City of Detroit 2 Woodward Ave Ste 908 Detroit, MI 48226-3455

Retirement Code B-41-0-7

Tax Code No Withholding Pension No 230371 Social Security No XXX-XX-2534

Page 001 of 001 Period Beginning: 04/01/2014 Period Ending: 04/30/2014 Check Date: 05/01/2014 Check Number: 7000158479

000000000537

MORRIS, TIJUANA L PO BOX 23712 DETROIT MI 48223-0712

EARNINGS	RATE ADJ	USTMENT	CURRENT	YTD	DEDUCTIONS DEDU	TION CODE (	URRENT	Y17)
Pension	3018, 93	0;00	3018.93	15094.65	Federal Income Tax		0.00	0.00
Annuity	0.00	_ o. oo /	0,00	0.00	Michigan Income Tax		0.00	0.00
		and South			Death Benefit	00040210	0.09	0.45
	**				DPOA Group Ins	00040620	45.33	197.99
	<b>N</b>				Police Benefit & Pro	00040315	18.55	92.75
-	The second s				Retired Assoc Dues	00080100	3.00	15.00

Gross Pay

3018.93

15094.65 Total Deductions Net Pay

\$2,951.96

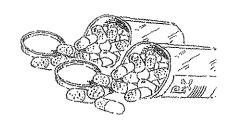
IMPORTANT NOTES

	$\alpha$
	Ц
	I
	4
	K
٠,	

91998, 2006. ADP, Inc. All Rights Reserved

CORRECTED (if checked) YER'S name, street address, city, state, and ZIP code 1 Gross Distribution OMB No.1545-0119 Distributions from **DLICE AND FIRE RETIREMENT** \$35,781.75 Pensions, Annuities, YSTEM OF THE CITY OF DETROIT 20**13** Retirement or Profit-2a Taxable Amount **WOODWARD AVE RM 908** Sharing Plans, IRAs, ETROIT, MI 48226-3455 \$0.00 Form 1099R Insurance Contracts, etc. YER'S Federal Identification number | RECIPIENT'S Identification number 2b Taxable amount Total Distribution 3-2465279 not determined 3 Capitel geln (Included In box 2a) 4 Federal Income tax withheld \$0.00 EDUCED DUTY DISABILITY \* 5 Employee Contributions Copy C Mesignated Roth Contributions or 6 Net unrealized appreciation in employer's securities For Recipient's Records CIPIENT'S Name and Address insurance premiums 7 Distribution Code(s) IRA/SEP/ 8 Other SIMPLE ORRIS TIJUANA L This information is being 9a Your percentage of total 9b Total employee contributions DBOX 23712 furnished to the Internal distribution Revenue Service. 12 State tax withheld 13 Stato/Payor's state no ETROIT, MI 48223-0712 14 State distribution Amount allocable to IRR within 5 11 1st Yr of Desig Roth contrib. 'ears Filed 08/28/14 the Entered 09/05/14 12/57:59 Doc 7279 Page 35 of 40 P7 count Number

# DO YOU OR SOMEONE YOU KNOW NEED HELP WITH PRESCRIPTION DRUGS?



# WORLD MEDICAL RELIEF'S AFFORDABLE PRESCRIPTIONS PROGRAM

MAY BE THE ANSWER!

Safe:

State-licensed pharmacy

Affordable:

\$8.30 per RX

Convenient:

In most cases, your medicine can

be mailed directly to your home.

# You may qualify if you:

- Are 18 years of age or older
- Earn \$21,780 or less per year if you are single; \$29,420 for a couple. (Add \$300 for each additional dependent).
- Do not have prescription drug coverage, even though you may have health insurance.
- · Are not currently enrolled in Medicaid

You may still qualify if you have a discount prescription card or are a senior on Medicare Part D. Documentation of income is required.

PLEASE CALL OR STOP IN FOR AN APPLICATION.

# WORLD MEDICAL RELIEF, INC.

11745 Rosa Parks Blvd., Detroit, MI 48206 313-866-5333, fax: 313-866-5588, email: <a href="mailto:linfo@worldmedicalrelief.org">linfo@worldmedicalrelief.org</a>, website <a href="https://www.worldmedicalrelief.org">www.worldmedicalrelief.org</a>



Other services available through World Medical Relief include durable medical equipment such as a hospital bed, wheelchair, shower chair, walker, cane, commode, etc. We also carry basic medical, diabetic, and colostomy supplies, liquid nutrition, and incontinent products.

# **EXHIBIT**

# 7) Federal Monitor complaint

- To US Federal Judge Julian Cook
- ♣ DPD complaint to Federal Monitor
- ♣ DPD complaint concerning Officer

# Fight for Your Rights Investigation's Inc

220 Bagley Ste. 809 Demoit Michigan 48226 313-208-8323 mst321 Fayadao com



December 01, 2012

US Eastern District Federal Court
US Federal Honorable
Judge Julian Cook
231 W Lafayette Room 718
Detroit Mi 48226
Ph# 313-234-5100

RE:

Resolution of Complaint Sec. 7-1109, concerning the complaint filed on May 28, 2009, (complaint # 44337,BPC09-629), at the Commissioner Board meeting, concerning Traffic Officer Fitzgerald Harris badge #1440 S/8 a pedestrian/vehicle accident report in the parking lot of a CVS Store (13580 Grand River).

Judge Cook,

I sent a complaint with the Federal Monitor, Robert Warshaw via Email: <a href="mailto:rohtopcop@aol.com">rohtopcop@aol.com</a> on October 11, 2012. I have not received a response concerning the above issue. I talked to your Clerk Kay. She requested that I mail this complaint to your office and that the complaint would be forward to the Federal Monitor.

I would like to thank you for your time and consideration. If you need more information please call me at 313-208-8323. I have enclosed the complaint that I sent to the Monitor and an Annual Report of the case work that I have done in the past.

Sincerely,

Tijuana Morris Investigator

JOYFIELD STATION DETROIT, Michigan 482289698 2824950228-0098 12/04/2012 (313)272-6819 05:(8(20 F): es es un apparen a un proposition de proposition de la company de la com CERTIFIED MAIS RECEIPT ----------------- Sales Pecelot ------Product Seleunit Fire Description Guy Price Price Description Day Price Price, wagangan naga 20 20 30 DETROIT MI 48220 ... Zone-1 First/Class Larga Env 700 9.80 oz. Expected Delivery: Thu 12/08/12 Certified 7470 70081410000018542485 Label #! □ S22222 \_\_\_\_12546423632 Issue PVI:: \$5.46 Yotal: Paid by: Debit Card Yalaayyyxxxx (28) Account #3 481665 Approval #1 1664 7190000000 Receiptel 1900740 Order stages at usos com/shop or call 1-800-Stemp24; Go to tuess.com/Clingsphp to print shipping little of the bostage. For other information (a)) TOWNS ASSESSED. Jarl your basil when and share you. ward it with a secure Fush Sition Box. Sign up for a box and the later US05 200%/puboxes 2 我我我的多数重点重点的原本的复数形式 \*\*\*\*\*\*\*\*\*\*\*\*\* 8111#10000231#45803 Clerk:07 All sales final on stages and posters Refunds for quarantees services only Thank you for your bushess -· 《声声读者》:声音:"京京 (1) 宋京 (1) 李京 (1) 李宗 THELP US CERVE YOU BETTER 66 gaz https://postaleyperience.com/Pos-TOUTHS ARREST YOUR RELIEF POSTAL ENTERIENCE YOUR OPINION CRIMIS \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* 计表型单数 电电影电影电影电影电影电影电影 医生态素 医生态性病毒

# Fight for Your Rights Investigations Inc

220 Bagley Sie, 809 Detroit Michigan 48226 373-208-8323 mxt321 Fassahoo.com



October 07, 2012

Consent Decree Federal Monitor Robert Warshaw

Email: rohtopcop@aol.com

RE:

Resolution of Complaint Sec. 7-1109, concerning the complaint filed on May 28, 2009, (complaint # 44337,BPC09-629), at the Commissioner Board meeting, concerning Traffic Officer Fitzgerald Harris badge #1440 S/8 a pedestrian/vehicle accident report in the parking lot of a CVS Store (13580 Grand River).

#### Mr. Warshaw,

My name is Tijuana Morris, I'm a licensed investigator, as well as a Retired Detroit Police Officer. This complaint, (complaint # 44337, BPC09-629), should have been investigated thoroughly in a timely manner. The above situation has been an ongoing problem with filing a citizen's complaint. On April 19, 2012, Celia Washington, appointed Attorney for the Detroit Police Commissioners' Board, recommended that I file the above solution. I hand delivered the document to her on April 26. This situation has not been resolved. There has been no corrective action taken to make sure that the paid responsible Investigator/Attorney, do the work, in compliance with the Consent Agreement. Attorney Washington has not contacted me concerning this situation in a timely manor.

The last time I addressed the issue, in July 2012 at a Commissioner's Board meeting. Ms Washington informed me that they could arrange a meeting within the week. I told her that I would be having surgery and unavailable. The thirty day window frame, according to the new City Charter, had already past. I don't have faith that the Board would be impartial.

Attorney Celia Banks Washington contacted me on face book in August of this year, stating that this was the only way that she could contact me. This was not true, because she has my documents with my letter head, which has all of my contact information on it. She has my home address as well. I use to attend the Board meetings on a regular basis, until the accident in 2009. The Detroit Police Department check and balance system, procedures are not adhered to properly when complaints are filed against some police officers.

After I filed the complaint on the officer, I was contacted by Antonio Jones, on May 29, 2009. He informed me that their office was working on my complaint. I never heard from the O.I.C. anymore. On several occasions I've asked about the update, but never got a response. I